

BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

## Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit http://www.nvsos.gov/index.aspx?page=141

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Represented Entity:			7 7 7 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
. Entity File Number:				
. This statement of change will have the fo	ollowing effect: (check only one)			
Appoints a new agent for service of				
Updates contact information of the F		vn agent (complete	e 4c)	
		•		
I. Information in effect upon the filing of this	s statement. (complete only one s	ection)		
a) Commercial Registered Agent:				
Name				
n) Noncommercial Registered Agent:				
Name				
		Nevada		
Street Address	City		Zip Code	
		Nevada		
Mailing Address (if different from street address)	City		Zip Code	
c) Title of Office or Other Position within Repres	sented Entity:			
Name of Title or Position				
		Nevada		
Street Address	City		Zip Code	
		Nevada		
Mailing Address (if different from street address)	City		Zip Code	
5. Signature of Represented Entity: (required	d)			
X				
Authorized Signature		Date		
6. Registered Agent Acceptance: (required)				
hereby accept appointment as Registered Age	ent for the above named Entity.			
×				
Authorized Signature of Registered Agent or On Behalf	of Registered Agent Entity	Date		

FEE: \$60.00